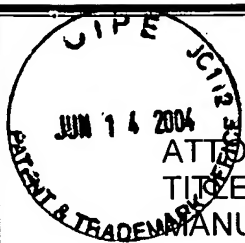


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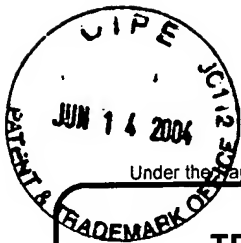
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FORM**

(to be used for all correspondence after initial filing)

|                        |               |
|------------------------|---------------|
| Application Number     | 10/680,280    |
| Filing Date            | 10/07/2003    |
| First Named Inventor   | Jong Sik Paek |
| Art Unit               | 2818          |
| Examiner Name          | Nhu, David    |
| Attorney Docket Number | AMKOR-021G    |

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

- |  |   |  |
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| <input type="checkbox"/> Fee Transmittal Form                                | <input checked="" type="checkbox"/> Drawing(s)                            | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              | Certificate of Mailing; and Return   |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |  |
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| Firm or Individual name | Mark B. Garred<br>STEFANIA BRUNDA GARRED & BRUCKER - Customer No. 007663 |
| Signature               |  |
| Date                    | 6/8/04   |

**CERTIFICATE OF TRANSMISSION/MAILING**

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| Typed or printed name | Andrea K. Levine |      |            |
| Signature             |                  | Date | 06/08/2004 |

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